

Case Number:	CM13-0044035		
Date Assigned:	12/27/2013	Date of Injury:	09/16/1993
Decision Date:	02/24/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with the date of injury of September 16, 1993. A utilization review determination dated October 18, 2013 recommends non-certification of gym membership, blood test, and liver test. A progress report dated September 18, 2013 states that the patient continues to go to the gym regularly 3 times per week. Her neck pain is better and she has lost 24 pounds. Objective examination identifies cervical spine range of motion is about 25% decreased. Assessment states that the patient is status post cervical surgery. Treatment plan request an independent gym membership starting October 1, 2013 for one year. The note goes on to recommend blood and liver tests. Current medications include gabapentin, Norco, and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

gym membership for 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient

evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership is not medically necessary.

blood test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://en.wikipedia.org/wiki/Blood_test.

Decision rationale: Regarding the request for "blood test," California MTUS and ODG do not contain criteria for "blood test." Wikipedia indicates that a blood test may be used to determine physiological and biochemical states such as disease, mineral content, drug effectiveness and organ function. Within the documentation available for review, the requesting physician has not indicated what he is attempting to evaluate with the requested "blood test." In the absence of clarity regarding that issue, the currently requested "blood test" is not medically necessary.

liver test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.medicinenet.com/liver_blood_tests/article.htm#

Decision rationale: Regarding the request for "liver test," California MTUS and ODG do not contain criteria for the use of "liver test." MedicineNet states that liver tests can be used to evaluate for liver damage or muscle damage. The article goes on to state that there are numerous liver tests including AST, ALT, GGT, and a few other liver enzyme tests. Additionally, test of liver synthetic function in terms of blood clotting factors could be called liver function tests. Within the documentation available for review, the requesting physician has not indicated what is meant by "liver test." There is no statement indicating specifically what liver test is being requested, and what medical decision-making will be based upon the outcome of this test. In the absence of clarity regarding those issues, the currently requested "liver test," is not medically necessary.

